

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 743522	RECEIPT DATE:	01 / 08 / 01
IA NUMBER:	PCT/ DE99 / 00916	IA FILING DATE:	03 / 19 / 99
FAMILY NAME:	DOBRAWA	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	ANDREAS	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	03 / 23 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	67190/988533	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX

NAME: KENYON & KENYON

STREET: ONE BROADWAY

CITY: NEW YORK

STATE/COUNTRY: NY ZIP: 10004

EMAIL:

APPLICATION TITLES:

DRIVE UNIT FOR SWITCHING CIRCUIT BREAKERS ON AND OFF

TAB TO LAST POSITION,PUSH SEND



Commissioner for Patents  
Washington, DC 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 3062

<b>SERIAL NUMBER</b> 09/743,522	<b>FILING DATE</b> 01/08/2001 <b>RULE</b>	<b>CLASS</b> 200	<b>GROUP ART UNIT</b> 2832	<b>ATTORNEY DOCKET NO.</b> 67190/988533
<b>APPLICANTS</b> Andreas Dobrawa, Berlin, GERMANY; Ralf-Reiner Volkmar, Berlin, GERMANY;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/DE99/00916 03/19/1999				
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 198138105 03/23/1998				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 5
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> Kenyon & Kenyon One Broadway New York, NY 10004				
<b>TITLE</b> Drive unit for switching circuit breakers on and off				
<b>FILING FEE RECEIVED</b> 1120	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	